

JUN 01 2005

## FAX TRANSMITTAL

**To:** PTO Commissioner  
**Company:** USPTO  
**Fax Number:** 1-703-872-9306

**From:** George A. Leone, Sr.  
**Company:** George A. Leone & Associates Law Offices  
**Fax Number:** 763-754-5943  
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**Pages:** 8  
**Date:** 06/01/2005 **Time:** 3:37:29 PM  
**Regarding:** Application No.: ☐09/503,524 Confirmation No. 6735

### Comments:

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: ☐09/503,524 Confirmation No. 6735  
Applicant(s) : CRICKENBERGER, et al.  
Filed : 2/14/2000 ☐ 2/14/2000 ☐  
TC/A.U. : 3641  
Title : MULTIPLE PULSE CARTRIDGE IGNITION SYSTEM ☐  
Examiner : KEITH, JACK W ☐  
  
Docket No. : 20582US  
Customer No. ☐ : 23430

MS Amendment  
Commissioner for Patents  
PO BOX 1450  
Alexandria VA 22313-1450  
AMENDMENT WITH ELECTION OF CLAIMS

PTO/SB/21 (08-03)

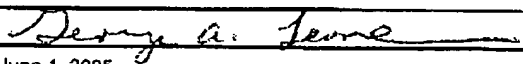
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/503,524	
	Filing Date	2/14/2000	
	First Named Inventor	CRICKENBERGER	
	Art Unit	3641	
	Examiner Name	KEITH, JACK W	
Total Number of Pages in This Submission	7	Attorney Docket Number	20582US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George A. Leone, Reg. No. 30,567 2150 128th Ave NW, Coon Rapids, MN 55448 TEL. 763-767-2762 FAX 763-754-5943
Signature	
Date	June 1, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	George A. Leone Reg. No. 30,567		
Signature		Date	June 1, 2005

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**AMENDMENT WITH ELECTION OF CLAIMS**

Dear Commissioner:

This amendment is in response to the Office Action of 5/12/2005. Please enter this amendment.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of the claims, which begins on page 2 of this paper.

**Remarks/Arguments with Election of Claims** begin on page 5 of this paper.